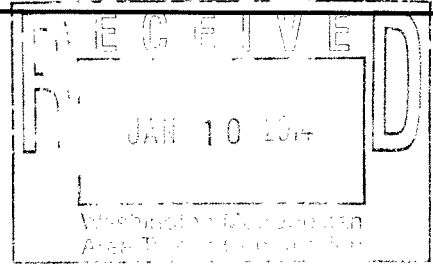


Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

2203 | Baz Corporation, t/a East Coast Limousine Services

*WMATC No. *Name of Carrier (as shown on certificate of authority)

438 N. Frederick Avenue, #102 | | Gaithersburg | MD | 20877-2458
*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

Mailing Address (if different from street address) | Apt./Suite | City | State | Zip

(301) 527-0413 | (202) 449-8348 | eclimousine@gmail.com

*Telephone | Other Telephone | Fax | E-mail

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

1771855 | | 3440
USDOT No. | DCTC No. | Virginia DMV passenger carrier No. | Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Shah Baz Khan | Owner

*Name | *Title

(301) 527-0413 | (202) 449-8348 | eclimousine@gmail.com

*Telephone | Other Telephone | Fax | E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process | Telephone | E-mail

Agent Address (must be inside Metropolitan District) | Apt./Suite | City | State | Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
✓	2003	Lincoln	1LNHM82W43Y680090	51621B	MD	4	No
✓	2005	Chevy	1GBESV127SFS16823	019P49	MD	34	No
✓	2007	Chevy	1GBESV1987F424877	014P85	MD	30	No
✓	2003	Ford	1FDAES5F23HB00117	022P54	MD	28	No
✓	2005	Ford	1FINV40S9SED25686	03318LM	MD	16	No
✓	2007	Cadillac	3GYFK62897G11S867	0896SP	MD	15	No
	2005	Lincoln	1LNHM84W75Y636066	43899269	MD	4	No

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Susan Allen
*Name (type or print)

Office Manager
*Title (not required for sole proprietors)

Susan Allen
*Signature

1/15/14
*Date